



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Agoston et al.

Application No. 10/053,529

Filed: November 2, 2001

Confirmation No. 1688

For: ULTRAFast SAMPLER WITH NON-PARALLEL SHOCKLINE

Examiner: Patricia T. Nguyen

Art Unit: 2816

Attorney Reference No. 6469-61238

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Fee only

Attorney
for Applicant(s)

[Signature]

Date Mailed July 22, 2004

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

TRANSMITTAL LETTER

Enclosed is a Corrected Amendment for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED

For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims	36	- 52*	= 0	\$9.00	\$ 0.00
Indep. Claims	4	- 14**	= 0	\$43.00	\$ 0.00
Mult. Dep. Claims Fee (if not previously paid)				\$145.00	
One-month Extension of Time				\$55.00	
Two-month Extension of Time				\$210.00	
Three-month Extension of Time				\$475.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

* greater of twenty or number for which fee has been paid.

** greater of three or number for which fee has been paid.

☒ No additional fee is required.

☒ Please charge any fees that may be required in connection with filing this corrected amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.

07/20/2004 09:40:01 00169130 014030 13353322


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☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By 
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cc: Docketing

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

1053529

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	52	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	52 minus 20 =	* 32
INDEPENDENT CLAIMS	14 minus 3 =	* 11
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

11-3-03

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 52	Minus	** 52 = -
Independent	* 14	Minus	*** 14 = -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

8/3/04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 73	Minus	** 52 = 21
Independent	* 14	Minus	*** 14 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	378.00
X84=	172.00
+280=	
TOTAL ADDIT. FEE	550.00 p.d.

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.